

Hip Fracture Clinical Care Standard: 3b-Proportion of patients with a hip fracture who were assessed for delirium following surgery

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Hip Fracture Clinical Care Standard: 3b-Proportion of patients with a hip fracture who were assessed for delirium following surgery

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	3b-Proportion of patients with a hip fracture who were assessed for delirium following surgery
METEOR identifier:	780850
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 10/09/2023
Description:	Proportion of patients with a hip fracture who had an assessment for delirium following surgery.
Indicator set:	Hip Fracture Clinical Care Standard 2023 Australian Commission on Safety and Quality in Health Care, Standard 10/09/2023

Collection and usage attributes

Population group age from:	Age 50 year and older
Computation description:	<p>To be included in the numerator, an assessment of delirium must be undertaken following surgery and must include the use of a validated delirium diagnostic/assessment tool. There are a range of validated diagnostic/assessment tools available. Examples include:</p> <ul style="list-style-type: none">• 4AT – Assessment test for delirium and cognitive impairment• Confusion Assessment Method (CAM)• Confusion Assessment Method for the Intensive Care Unit (CAM-ICU)• 3D-CAM• Delirium Observation Screening (DOS) scale• Delirium Rating Scale-Revised-98 (DRS-R-98)• Memorial Delirium Assessment Scale (MDAS)• Nursing Delirium Screening Scale (Nu-DESC). <p>The 4AT has been validated both for screening for cognitive impairment and delirium assessment. Administration of the 4AT meets the numerator criteria for this indicator and for Hip Fracture Clinical Care Standard: 1a- Proportion of patients with a hip fracture who were screened for cognitive impairment using a validated tool on presentation to hospital.</p> <p>The assessment must involve patients and/or their carer, asking if they have noticed any recent changes (within hours or days) in the patient's behaviour or mental status (National Institute for Health and Clinical Excellence 2010). The clinician undertaking the assessment should also discuss the patient's diagnosis of delirium with the patient and/or their carer. The diagnosis of delirium and who it has been discussed with should be documented in the patient's medical record (National Institute for Health and Clinical Excellence 2010).</p>
Computation:	$(\text{Numerator} \div \text{denominator}) \times 100$
Numerator:	Number of patients with a hip fracture who were assessed for delirium using a validated tool following hip fracture surgery.
Denominator:	Number of patients with a hip fracture who had hip fracture surgery.

Representational attributes

Representation class:	Percentage
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Data type: Real

Unit of measure: Service event

Format: N[NN]

Accountability attributes

Reporting requirements: Hip Fracture Clinical Care Standard 2023

Organisation responsible for providing data: Health Service Organisations

Accountability: Health Service Organisations

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: Australian Commission on Safety and Quality in Health Care. Hip Fracture Clinical Care Standard. Sydney: ACSQHC; 2023.

Australian Commission on Safety and Quality in Health Care. Delirium Clinical Care Standard. Sydney: ACSQHC; 2021.

National Institute for Health and Clinical Excellence. Delirium: diagnosis, prevention and management. Clinical guideline 103. London: NICE, 2019.

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Ely EW, Margolin R, Francis J, May L, Truman B, Dittus R, et al. Evaluation of delirium in critically ill patients: validation of the Confusion Assessment Method for the Intensive Care Unit (CAM-ICU). Crit Care Med. 2001 Jul;29(7):1370–1379.

Marcantonio ER, Ngo LH, O'Connor M, Jones RN, Crane PK, Metzger ED, et al. 3D-CAM. Derivation and validation of a 3-minute diagnostic interview for CAM-defined delirium: a cross-sectional diagnostic test study. Ann Intern Med. 2014 Oct 21;161(8):554–561.

Helfand BK, D'Aquila ML, Tabloski P, Erickson K, Yue J, Fong TG, et al. Detecting delirium: a systematic review of identification instruments for non-ICU settings. J Am Geriatr Soc. 2020;69(2):547–555.

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Relational attributes

Related metadata references: Supersedes [Hip fracture care clinical care standard indicators: 1b-Proportion of patients with a hip fracture who have had their pre-operative cognitive status assessed](#)
[Health](#), Standard 12/09/2016